Foster Family Home - Corrective Action Report

Provider ID:

1-190099

Home Name:

Emma Cabote, RN

Review ID:

1-190099-3

1067 Ala Lilikoi Street

Reviewer:

David Ayling

Honolulu

HI 96818

Begin Date:

9/17/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 10/17/20.

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No first year APS/CAN and fingerprints for HHM #1 and HHM #2.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(f)(1)

Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - No current TB clearance for HHM #1 and HHM #2.

Compliance Manager

EMMA CABOTE

Primary Care Giver

Date

9/17/2020

Date

Mission		
DHYID	TYLING	
	/ / /	7

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP) Chapter 11-800

		Chapter 11-8	00
PCG's Nati	me on CCFFH Certificate: EMMA Idress: 1067 +14 LILIKI	(PLEAS	HONOLULU HI 96618 SE PRINT)
Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
	and TB Clearance from HHM # 4 & HHM #5. 2 place the tremths in my CCFFH binder (Refer to attributents)		I put the explication dates for TB, APC/CAN & fingerprints for all CGs and tHHM on my compader/Catendar. 2 set the reminder for I man point to expiration
All items G's Signatu	that were fixed are attached to this CAP		
- a orginall	re:		Date: 10/16/20

CTA has reviewed all corrected items